



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Philadelphia Field Office**

**Moshannon Valley Processing Center
Philipsburg, Pennsylvania**

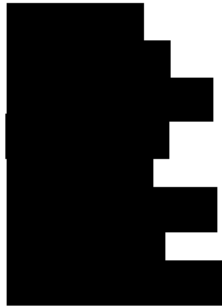
September 27-29, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
MOSHANNON VALLEY PROCESSING CENTER
Philipsburg, Pennsylvania

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



| | |
|---------------------------------------|----------------------|
| Team Lead | ODO |
| Inspections and Compliance Specialist | ODO |
| Inspections and Compliance Specialist | ODO |
| Section Chief | ODO |
| Contractor | Creative Corrections |
| Contractor | Creative Corrections |
| Contractor | Creative Corrections |
| Contractor | Creative Corrections |

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Moshannon Valley Processing Center (MVPC) in Philipsburg, Pennsylvania, from September 27 to 29, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of MVPC from April 26 to 28, 2022. The facility opened in 2006 and is owned and operated by The GEO Group, Inc (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MVPC in 2021 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned an assistant field office director, deportation officers, and supervisory detention and deportation officers to the facility. A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

| Capacity and Population Statistics | Quantity |
|--|------------|
| ICE Bed Capacity ² | [REDACTED] |
| Average ICE Population ³ | [REDACTED] |
| Adult Male Population (as of September 27, 2022) | [REDACTED] |
| Adult Female Population (as of September 27, 2022) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (4); and Significant Self-harm and Suicide Prevention and Intervention (1).

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of September 19, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

| PBNS 2011 (Revised 2016) Standards Inspected ^{4,5} | Deficiencies |
|---|--------------|
| Part 1 - Safety | |
| Emergency Plans | 0 |
| Environmental Health and Safety | 1 |
| Sub-Total | 1 |
| Part 2 - Security | |
| Admission and Release | 0 |
| Custody Classification System | 0 |
| Facility Security and Control | 0 |
| Funds and Personal Property | 0 |
| Special Management Units | 0 |
| Staff Detainee Communication | 2 |
| Use of Force and Restraints | 0 |
| Sub-Total | 2 |
| Part 4 - Care | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Medical Care (Women) | 0 |
| Personal Hygiene | 0 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Part 5 - Activities | |
| Recreation | 0 |
| Telephone Access | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Grievance System | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 3 |

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee requested mental health treatment and ODO referred her to the facility's medical staff for assessment. All detainees reported satisfaction with facility services except for the concerns below.

Medical Care: One detainee requested psychiatric care but did not state a reason for the request.

- Action Taken: On September 27, 2022, ODO referred the detainee to facility medical staff for psychiatric evaluation and treatment. ODO interviewed the health services administrator and found the facility psychiatrist evaluated the detainee and prescribed Prozac (10 mg) daily. The psychiatrist re-evaluated the detainee on October 2, 2022, renewed the detainee's Prozac prescription, and placed the detainee on a 30-day evaluation schedule for continued care.

Religious Practices: One detainee stated he requested a rosary from the facility during his first week at the facility and has yet to receive one.

- Action Taken: ODO interviewed the facility chaplain and facility administrator and found the facility placed a purchase order for rosaries requested by Catholic detainees just prior to the inspection. The shortage stemmed from a prolonged delay by community resources providing rosaries to the facility. The facility then made an independent decision to purchase the rosaries on September 23, 2022. On October 18, 2022, the facility chaplain provided the detainee with a rosary.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected the facility barber shop during barber operations and found no running hot water due to a broken water heater (**Deficiency EHS-209⁶**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO inspected the detainee telephones and reviewed serviceability records and found no ICE telephone serviceability worksheets or other documentation demonstrating weekly detainee

⁶ "The room must have sufficient light and be supplied with hot and cold running water." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(E)(1).

telephone testing (**Deficiency SDC-24**⁷).

Additionally, ODO found ERO Philadelphia did not maintain ICE telephone serviceability worksheets by month for the previous 3 years. Specifically, ODO found the field office did not maintain any worksheets (**Deficiency SDC-26**⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found three deficiencies in the remaining two standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Philadelphia work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of MVPC in April 2022.

| Compliance Inspection Results Compared | First FY 2022 (PBNDS 2011) (Revised 2016) | Second FY 2022 (PBNDS 2011) (Revised 2016) |
|---|--|---|
| Standards Reviewed | 24 | 18 |
| Deficient Standards | 3 | 2 |
| Overall Number of Deficiencies | 6 | 3 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | N/A |

⁷ "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly in accordance with standard '5.6 Telephone Access.'" *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).

⁸ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." *See* ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(C).